

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:
<i>Please Read Instructions:</i>						
1. NAME Hermann Bauer (Hermann.Bauer@oneillborges.com)		2. PHONE NUMBER (787) 282-5723		3. DATE 12/20/2017		
4. MAILING ADDRESS 250 Ave. Muñoz Rivera, Ste. 800		5. CITY San Juan		6. STATE PR	7. ZIP CODE 00918	
8. CASE NUMBER 17-bk-3283		9. JUDGE Swain		DATES OF PROCEEDINGS 10. FROM 12/20/2017 11. TO 12/20/0207		
12. CASE NAME In Re: Commonwealth of Puerto Rico				LOCATION OF PROCEEDINGS 13. CITY New York 14. STATE NY		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		Entire transcript for 12/20/2017
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE <u>/S/ HERMANN BAUER</u>				PROCESSED BY		
19. DATE 12/20/2017				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED			LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		0.00	

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